

Health difficulties mein bhi
Live Non-Stop Zindagi, Hamesha.

kotak
Health
SHIELD



Kotak Health Shield

A Non-Linked, Non-Participating, Fixed Benefit Health Plan

Health is the greatest blessing for all human beings. In this regard, it is rightly said, 'Health is Wealth'. If you are healthy, you will find yourself in the right frame of mind to tackle any hurdles that are thrown your way. However, just like life that has its ups and downs, your health too is not always predictable. Today, every individual is aware of the fact that the number of illnesses are increasing day by day. On the other hand, the gigantic costs of health treatments has made the path difficult. It brings on the affordability issue for most of us. This is why it is extremely important to pay attention to our health care needs before time plays its role.

Presenting **Kotak Health Shield**, a fixed benefit health insurance plan which covers early or major stages illnesses / conditions related to Cancer, Cardiac, Liver, Neuro and also offers financial protection against Personal Accident - accidental death or disability.

So take a step ahead and get your future secured to enjoy treatment without any compromise.

Key Advantages :



Flexibility to avail coverage against **4 Critical Illnesses** under the same policy

- Cancer Shield
- Cardiac Shield
- Livo Shield
- Neuro Shield



Flexibility to extend the coverage to your spouse



Inbuilt Wellness Benefit to ensure your safety:

- Second Medical Opinion
- Emergency Medical Evacuation
- Medical Monitoring
- Medical Repatriation
- Compassionate Visit



Flexibility to avail protection against Personal Accident and secure financial protection/future of your loved ones against accidental death or disability by opting for Personal Accident Shield



Option to enhance your coverage through

- Daily Hospitalization Cash Benefit
- Waiver of Premium on being diagnosed with Minor Conditions
- Income Benefit on being diagnosed with Major Conditions



Provides Tax Benefits on premiums paid under Section 80(D) of Income Tax Act, 1961

What is Kotak Health Shield?

Kotak Health Shield is a fixed benefit, health insurance plan that ensures you are always protected, against early or major stages illnesses / conditions related to Cancer, Cardiac, Liver and Neuro which may otherwise have the potential to drain your lifelong savings. That's not it! It also offers financial protection against Personal Accident, where we will pay a lump-sum amount in the event of Life Assured's Accidental Death or Disability under Personal Accident Shield.

Worried about Hospitalization Expense? Don't worry!

As the lump-sum pay-out takes care of the medical/ surgical expenses, additionally you may also choose to avail Daily Hospitalization Cash Benefit where a fixed amount per day shall be payable to the Life Assured, for the number of days hospitalised at an additional premium (please read below terms and conditions)

Worried about future premiums while undergoing medical treatment!

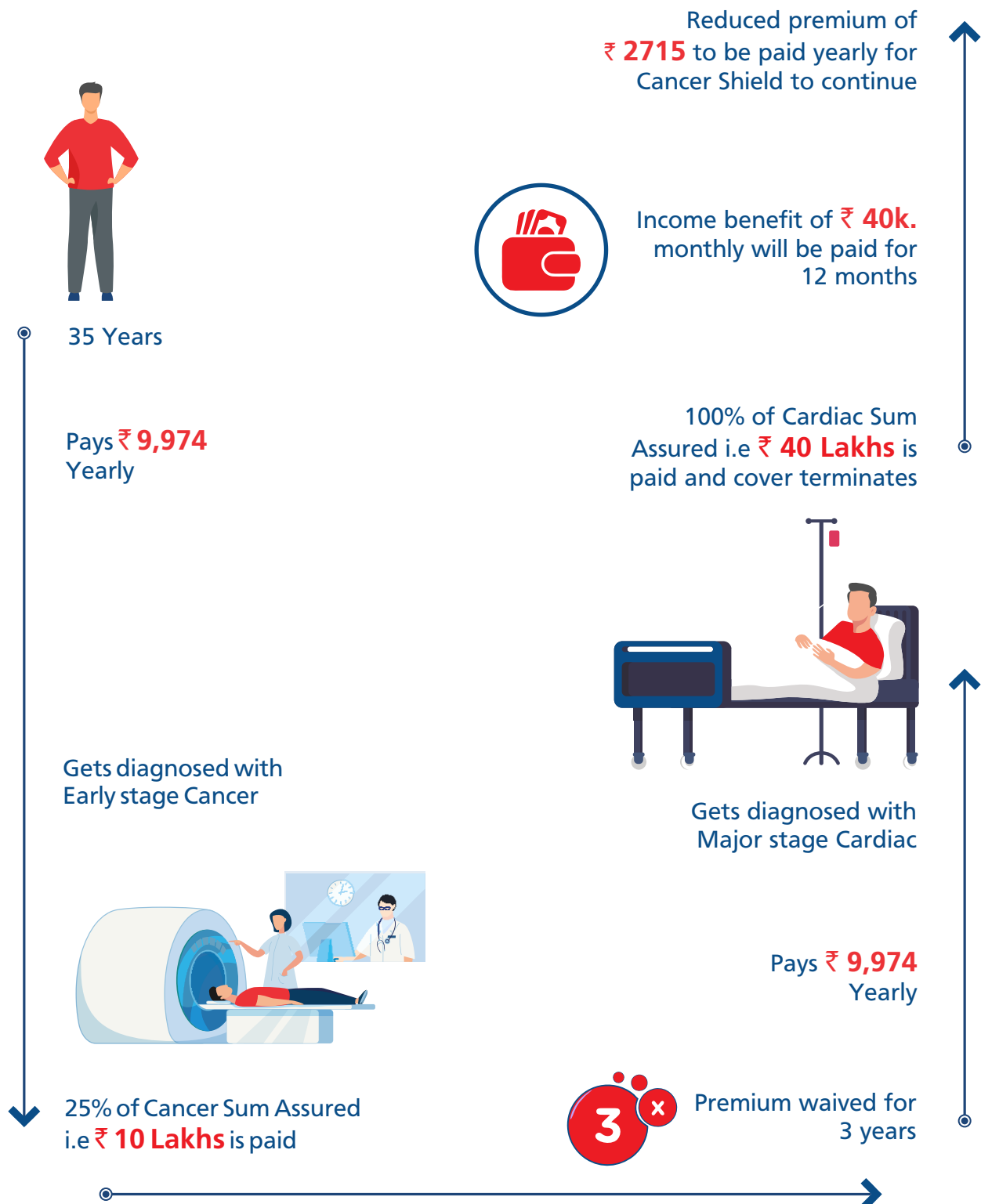
Well don't! Kotak Life understands your requirements and offers you Waiver of Premium, where all future premiums shall be waived for the next 3 years post diagnosis with Minor Stage illness/ conditions at an additional premium without any capping on the number of times you can avail this benefit.

And there's more!

We also offer Income Benefit for the next 12 months on being diagnosed with Major Stage Illness / Conditions to ensure you get sufficient time to take rest without affecting your finances at an additional premium.

How does the Plan work?

Let us understand the working of this plan with an example. Mr Satish, a 35 year old male, wishes to opt for Cancer & Cardiac options under this plan for a period of 10 years and pay regular premium of ₹ 8,830 (excluding GST & Cess). Mr. Satish also wants to avail Waiver of Premium & Income Benefit by paying additional premium of ₹ 1,144 (excluding GST & Cess). The Sum Assured opted by the customer under Cancer & Cardiac option is 40 Lakhs each.

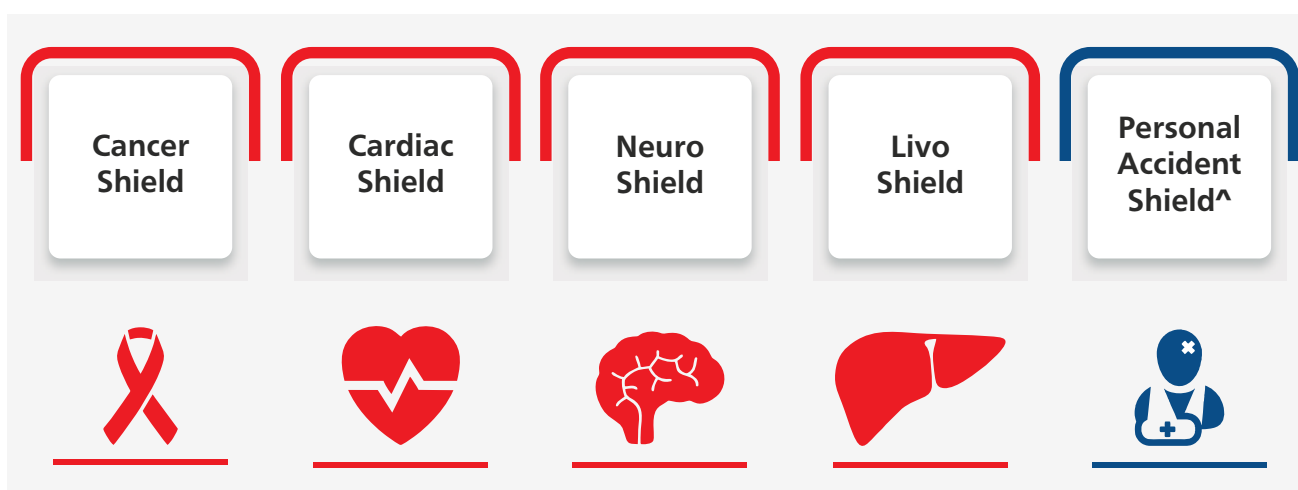


Spouse Cover :

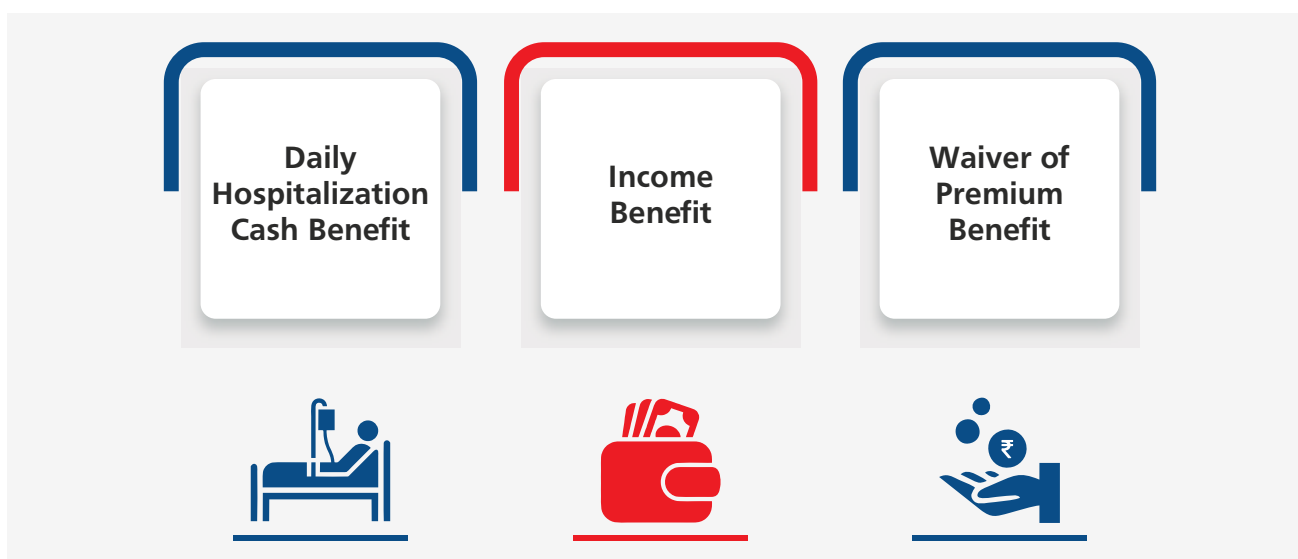
There is a flexibility to extend this benefit to the Life Assured's Spouse under the same plan. The coverage and the claim benefit pay-out shall be independent of each other. The benefit options shall be same under both the policies however, the policy term and Sum Assured may be different.

Plan Options :

You may select any one[^] or more of the 5 Plan Options available under this plan at inception based on your requirements. You may choose to extend the coverage to your spouse under the same plan. Once the Plan Option is chosen, the same cannot be changed during the policy term.



Additionally, you also have the flexibility to choose from the following optional benefits at an additional premium:



[^]Personal Accident Shield cannot be selected in isolation and has to be co-opted along with one or more of other Options available under the product.

Benefit Pay-Out in Details under this Plan :

Plan Option A: Personal Accident Shield¹

Do you like to drive or explore the world? Are you sure, you have saved enough to ensure you/your family maintains the same lifestyle as you enjoying now, in case of Accidental Death or Disability?

This cover provides a peace of mind to you and your family, as we pay a lump-sum amount in the event of Life Assured's Accidental Death or Disability.



Section A: Accidental Death :

In case of unfortunate demise of the Life Assured, due to an accident, within the policy term, 100% of the Sum Assured as opted under Plan **Option A: Personal Accident Shield** less claims already paid under this plan option shall be payable to the Nominee and the coverage shall terminate.

Section B: Permanent Total & Partial Disability (PTD) due to Accident :

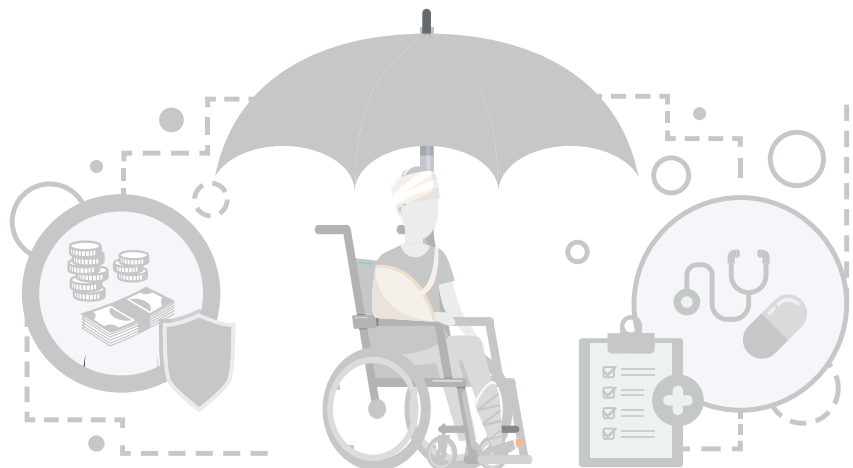
In case of permanent and total irrevocable loss of use any of the following due to an accident, the below mentioned % of Sum Assured as opted under Plan **Option A: Personal Accident Shield** shall be payable to the Life Assured provided the loss is due to a result of accidental bodily injury within 120 days of such accident :

Events	Percentage of Sum Assured payable	Events	Percentage of Sum Assured payable
Sight of both eyes	100%	Either Hand or Foot	50%
Both Hands or Both Feet	100%	Sight of One Eye	50%
One Hand and One Foot	100%	Speech	50%
Either Hand or Foot and Sight of One Eye	100%	Hearing in Both Ears	50%
Speech and Hearing in Both Ears	100%		

The maximum total pay-out under section A and Section B put together shall not exceed the Sum Assured as opted under Plan **Option A: Personal Accident Shield**. In the event, where a claim has already been paid for Accidental Partial Permanent Disability (i.e. 50% of the Sum Assured), the coverage shall continue with the Balance Sum Assured as opted under Plan **Option A: Personal Accident Shield**. Once a claim has been paid for Accidental Total & Permanent Disability leading to total pay-out of i.e. 100% of the Sum Assured under Plan Option A, the coverage shall terminate.

The conditions mentioned above, that result in a pay-out of 100% of the Sum Assured are referred to as Total and Permanent Disability, whereas conditions mentioned above, that result in a pay-out of 50% of the Sum Assured are referred to as Accidental Partial Permanent Disability.

In the event of occurrence/diagnosis of more than one condition at once, the claim shall be payable for only one condition with the highest pay-out. You have the flexibility to make multiple claims under this Plan Option, however the maximum pay-out shall be subject to 100% of the Sum Assured opted under this Plan Option.



Plan Option B: Cardiac Shield²

We save for a luxurious car or home or vacation or retire without any tension. What if the savings gets drained off without any prior notice just because one gets diagnosed with a Cardiac Condition!! Heart is unpredictable, and a Cardiac Condition can develop among the fittest of us and has a potential to drain our lifelong savings.

This cover ensures you are financially secured while you undergo treatment / surgery, as the benefit pay out may be used to take care of the medical expenses in case of a valid claim on diagnosis of early stage or major stage Cardiac condition!!



Section A: Minor Conditions

In case the Life Assured is diagnosed with any of the below conditions, 25% of the Sum Assured as opted under Plan **Option B: Cardiac Shield** shall be payable to the Life Assured and the coverage shall continue with the Balance Sum Assured if any.

Minor Conditions	
1. Implantation of Pacemaker of Heart (Insertion of Pacemaker)	6. Surgery to place Ventricular Assist Devices or total artificial hearts
2. Angioplasty	7. Carotid Artery Surgery
3. Minimally Invasive Surgery of Aorta	8. Surgery for Cardiac Arrhythmia
4. Pericardiectomy	9. Implantable Cardioverter Defibrillator
5. Balloon Valvotomy or Valvuloplasty	10. Infective Endocarditis

Section B: Major Conditions

In case the Life Assured is diagnosed with any of the below conditions, 100% of the Sum Assured as opted under Plan **Option B: Cardiac Shield** less claims already paid before shall be payable to the Life Assured and the coverage shall terminate.

Major Conditions	
1. Myocardial Infarction (First Heart Attack - of Specified Severity)	5. Heart Transplant
2. Open Chest Coronary Artery Bypass Graft	6. Primary (Idiopathic) Pulmonary Arterial Hypertension
3. Open Heart Replacement or Repair of Heart Valves	7. Cardiomyopathy
4. Major Surgery of Aorta	

Under minor conditions, the benefit shall not be payable twice for the same condition. In the event, where the Life Assured is diagnosed with more than one condition at once, the claim shall be payable for only one condition with the highest pay-out. In case of multiple claims under this Plan, the maximum pay-out shall be capped at 100% of the Sum Assured under this Plan Option, post which the coverage shall terminate.



Plan Option C: Cancer Shield³

Cancer burden in India has more than doubled over the last 26 years. As per the Indian Council of Medical Research (ICMR) data, India had 14 lakh cancer patients in 2016 and as per World Cancer Report, India had 1.16 million new cases in 2018 and 2.26 million 5 year prevalent cases.

As per WHO, 1 in 10 Indians is expected to develop this disease in their lifetime and 1 in 15 Indians is expected to demise due to cancer.[^]

[^]<https://www.indiatoday.in/education-today/gk-current-affairs/story/cancer-rate-india-stats-cure-treatment-1386739-2018-11-12>

<https://www.financialexpress.com/lifestyle/health/world-cancer-day-2020-alarming-one-in-10-indians-will-develop-cancer-in-their-lifetime-says-who/1855818/>



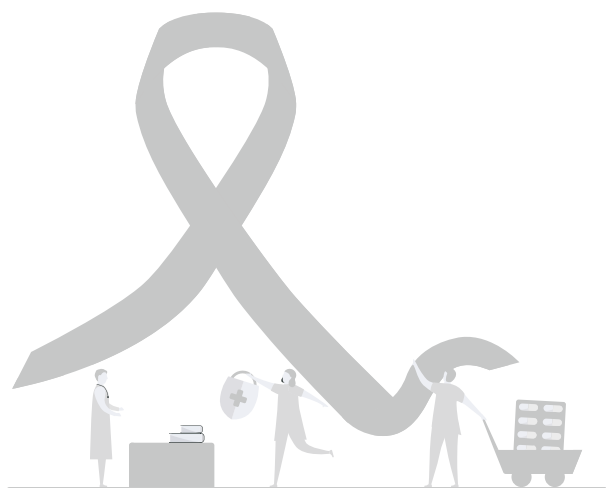
With recent advancement in medical technology, Cancer can be defeated, with the proper diagnosis and financial security for the lengthy treatment expenses and regular check-up. Also, once Cancer gets diagnosed, one needs to monitor the same over a period 5-10 years as the risk of it coming back is there.

Under this option, the lump-sum pay-out made once the Cancer is diagnosed at early or major stage can be used to meet the treatment expenses. The benefit payable to the Life Assured is as mentioned below:

Diagnosis of	Benefits payable
Early Stage Cancer or Carcinoma in situ (CIS)	25% of Sum Assured under Option C: Cancer Shield
Cancer of Specified Severity (Major Stage Cancer)	100% of Sum Assured under Option C: Cancer Shield less Early Stage Cancer claims already paid if any

You can make multiple claims for different early stage conditions subject to the non-exhaustion of 100% of Sum Assured and Cooling-off Period¹¹(mentioned separately below).

For early stage condition of Cancer, multiple claims from the same organ will not be admissible. However, multiple minor claims shall be paid from the different organs as mentioned below³. On payment of Major Claim the coverage shall terminate.



Plan Option D: Neuro Shield⁴

It is estimated that about 30 million people in India suffer from various forms of neurological diseases and the average prevalence rate is as high as 2,394 patients per 1,00,000 of the population. Yet, the awareness about various forms of neurological disorders is abysmally low here and people suffering from these often end up being ridiculed and stigmatised⁵

⁵<https://www.deccanchronicle.com/lifestyle/health-and-wellbeing/120418/over-30-million-people-in-india-suffer-from-various-forms-of-neurologi.html>



We at Kotak Life understand your need and bring you “Neuro Shield” to ensure that your long journey during the treatment process becomes a little less hectic with this option. This plan option provides the Life Assured a lump-sum amount upon diagnosis of minor or major Neuro condition as mentioned below:

Section A: Minor Conditions

In case the Life Assured is diagnosed with any of the below conditions, 25% of the Sum Assured as opted under **Plan Option D: Neuro Shield** shall be payable to the Life Assured and the coverage shall continue with the Balance Sum Assured as opted under **Plan Option D: Neuro Shield**.

Minor Conditions	
1. Coma (for 48 hrs)	
2. Permanent Paralysis of one Limb	

Section B: Major Conditions

In case the Life Assured is diagnosed with any of the below conditions 100% of the Sum Assured as opted under **Plan Option D: Neuro Shield** shall be payable to the Life Assured less any claim already paid for Minor Conditions and the coverage shall terminate.

Major Conditions	
1. Motor Neurone Disease with Permanent Symptoms	6. Permanent Paralysis of Limbs
2. Multiple Sclerosis with Persisting Symptoms	7. Encephalitis
3. Benign Brain Tumour	8. Bacterial Meningitis
4. Brain Surgery	9. Stroke Resulting in Permanent Symptoms
5. Coma of Specified Severity	10. Major Head Trauma

Under this option multiple claims for different minor conditions can be made subject to a maximum pay-out of 50% of Sum Assured as opted under Plan **Option D: Neuro Shield** and Cooling-off Period¹¹(mentioned separately below).

Under minor conditions, the benefit shall not be payable twice for the same condition. In the event, where the Life Assured is suffering or undergoing a surgery for more than one condition at once, the claim shall be payable for only one condition with the highest pay-out.



Plan Option E: Livo Shield⁵

Earlier commonly caused by Hepatitis B and C, the most common causes of liver disease can now be called obesity related disorders. There has been a paradigm shift in the dynamics of liver cirrhosis and about 10 lakh new patients are diagnosed with it every year in India! Liver disease is the tenth most common cause of death in India as per the World Health Organization. Liver Cirrhosis is the 14th leading cause of deaths in the world and could be the 12th leading cause of deaths in the world by 2020[^]

[^]<https://timesofindia.indiatimes.com/life-style/health-fitness/health-news/is-liver-disease-the-next-major-lifestyle-disease-of-india-after-diabetes-and-bp/articleshow/58122706.cms>



We at Kotak Life understand this requirement and would like to be a part of one's journey during this difficult time and provide financial stability so that one can get the best in class treatment that you so truly deserve.

Section A: Minor Conditions

In case the Life Assured is diagnosed with any of the below conditions or is undergoing a procedure, 25% of the Sum Assured as opted by you under **Plan Option E: Livo Shield** shall be payable to the Life Assured and the coverage shall continue with the Balance Sum Assured as opted by you under **Plan Option E: Livo Shield**.

Minor Conditions	
1. Hepatitis B or C with Cirrhosis	4. Primary Sclerosing Cholangitis (PSC) with Cirrhosis
2. Partial Hepatectomy	5. Primary Biliary Cholangitis (PBC) with Cirrhosis
3. Wilson Disease with Cirrhosis	

Section B: Major Conditions

In case the Life Assured is diagnosed with any of the below conditions or is undergoing a procedure, 100% of the Sum Assured as opted by you under **Plan Option E: Livo Shield** shall be payable to the Life Assured less claims already paid before and the coverage shall terminate.

Major Conditions		
1. Fulminant Viral Hepatitis	2. Liver Transplant	3. End Stage Liver Failure

Under this plan option, multiple claims for different minor conditions can be made subject to a maximum pay-out of 100% of Sum Assured as opted under **Option E: Livo Shield** and Cooling-off Period¹¹(mentioned separately below).

Under minor conditions, the benefit shall not be payable twice for the same condition. In the event, where the Life Assured is suffering or undergoing a surgery for more than one condition at once, the claim shall be payable for only one condition with the highest pay-out.



Optional Benefits Pay-Out in Details :

Daily Hospitalization Cash Benefit⁷

The Life Assured has the flexibility to choose the Daily Hospitalization Cash Benefit along with the amount payable per day, under any Plan Option at an additional premium.

Under this optional benefit, a specified daily amount shall be payable in case the Life Assured is being hospitalised for the same condition under which the claim is raised under the Plan Option. You have the flexibility to choose the specified daily amount from the following options:

- ✓ ₹ 2,000 per day
- ✓ ₹ 3,000 per day
- ✓ ₹ 5,000 per day
- The amount mentioned above shall be payable in the event of hospitalization in a Non ICU Room. In case the Life Assured is hospitalized in an ICU Room, the benefit payable shall be doubled
- The maximum benefit payable under this option shall be restricted to:



Daily Hospital Cash Benefit payable	If hospitalized in Non ICU Room per member per plan option	If hospitalized in ICU Room per member per plan option
In a Policy Year	30 days	15 days
During the Policy Term	90 days	45 days

For more details, please read Point 7 under Terms and Conditions.

Waiver of Premium Benefit⁸

There is a flexibility to choose the Waiver of Premium Benefit, at an additional premium. Under this optional benefit, all future premiums, for the next 3 policy years or till end of term (whichever is lower), starting from next due premium, shall be waived off in case Life Assured is diagnosed with minor conditions (as listed in above sections and based on plan option selected).

There is no capping on the number of times this benefit can be claimed, however the benefit will be applicable only if the benefit under the base Plan Option is payable.

This benefit shall be payable only for a Life Assured who has:

- ✓ suffered permanent and irrevocable loss of use or physical separation of any condition mentioned under Option A: Personal Accident Shield, where 50% of the Sum Assured (as opted by the Life Assured) is payable
- ✓ diagnosed or undergone surgery for any minor condition mentioned under Plan Option B, D & E (i.e Cardiac, Livo & Neuro Shield)
- ✓ diagnosed with Early Stage Cancer (under Plan Option C)

In the event where the benefits under the plan have been extended to Spouse under Spouse Cover, the future premiums to be waived shall be applicable only for the individual who has been diagnosed with the any of the above conditions.



Income Benefit⁹

There is a flexibility to choose the Income Benefit, under any Plan Option, at an additional premium. Under this optional benefit, 1% of the Sum Assured shall be payable, on a monthly basis for the next 12 months, in the event where the Life Assured has:

- ✓ suffered permanent and irrevocable loss of use or physical separation of any condition mentioned under Plan Option A (Personal Accident Shield), where 100% of the Sum Assured is payable
- ✓ diagnosed or undergone surgery for any major condition mentioned under Plan Option B, D & E (i.e Cardiac, Livo & Neuro Shield)
- ✓ diagnosed with Major Stage Cancer (under Plan Option C)

In the event of Accidental Death, under Personal Accident Shield, this benefit shall not be applicable. In the event where the benefits under the plan have been extended to Spouse under Spouse Cover, Income Benefit shall be applicable only for the individual who has been diagnosed with the any of the above conditions.



Wellness Benefits :

These services are applicable for Life Assured, irrespective of whether the benefit is paid under the plan or not. The details of our partner who will be providing the below mentioned Wellness Benefits is mentioned on <https://insurance.kotak.com/>. They offer the following services:



✓ **Emergency Medical Evacuation :**

In the event of Life Assured being ill or injured in an area where appropriate care is not available, our wellness partner will use whatever transportation, equipment and personnel necessary to transport the Life Assured to the nearest facility that meets their standards. The full cost of evacuation, including any medical assistance during transport will be carried out by them.

✓ **Medical Monitoring :**

Our partner's personnel will stay in regular communication with the attending physician, and hospital during hospitalization, monitor appropriate levels of care and relay necessary information to the Life Assured's family

✓ **Medical Repatriation :**

When the Life Assured has been stabilized to the satisfaction of the our partner's Clinical Doctor and attending physician, our partner will arrange transportation back home or to a rehabilitation facility under medical supervision if required

✓ **Compassionate Visit :**

Our partner realizes that having a family member or friend present during a health crisis makes everyone feel more at ease and can even hasten the recuperation process. That is why our partner will arrange and pay for economy, round-trip transportation costs for a loved one to join any Life Assured who is alone and expected to be hospitalized for more than seven days.

✓ **Second Medical Opinion :**

Second Medical Opinion allows a Life Assured to receive a documented second medical opinion on a complex, grave or critical illness diagnosis, directly from a specialist working in a world class medical institution. This value-added service provides the Life Assured, peace of mind knowing that his/her diagnosis has been confirmed and/or that the prescribed treatment is the most appropriate option available locally and internationally. Life Assured have direct access to world-class medical opinions within their reach, at the moment they need it most.

For more details please read Point 10 under Terms & Conditions.

Tax Benefit:

You may avail of tax benefits as per Income Tax Act, 1961 subject to conditions as specified in those sections. Tax benefits are subject to change as per tax laws. You are advised to consult your Tax Advisor for details. Goods and Services Tax and Cess, as applicable shall be levied over and above premium amount shown here as per applicable tax laws.



Eligibility:

Eligibility Criteria	Minimum		Maximum		
Entry Age (as on last birthday)	18 years		65 years		
Maturity Age (as on last birthday)	23 years		75 years		
Policy Term	5 years		40 years		
	Policy Term of the Life Assured & Spouse may or may not be same based on their respective age at entry				
Premium Payment Term	Single (applicable only for policy term of 5 years) ; Equal to Policy Term				
Premium Payment Mode	Regular Pay (equal to policy term) ; Single Pay (applicable only for policy term of 5 years)				
Premium Payment Frequency	Regular Pay : Yearly / Monthly Single Pay : Onetime Payment				
Sum Assured*	Rs 10,00,000 per Life Assured per Plan Option		Rs 50,00,000 per Life Assured per Plan Option		
Coverage Type	Individual / Spouse Cover ^{&} Note: ^{&} Under Spouse Cover, the benefits shall be extended to the Spouse of the Life Assured also				
Minimum Premium	Base Options	Regular Premium		Single Premium	
		Male	Female	Male	Female
	Option A: Personal Accident Shield	750	750	2,800	2,800
	Option B : Cardiac Shield	400	390	1,350	1,320
	Option C : Cancer Shield	420	440	1,450	1,510
	Option D : Neuro Shield	480	460	1,720	1,650
	Option E : Livo Shield	360	300	1,230	1,070

*There is an overall cap of Rs 1 Cr on the Sum Assured applicable per life in case multiple plan options are chosen together excluding Personal Accident Shield. The Life Assured has the flexibility to allocate the Sum Assured under the opted Plan Options as per his/ her requirement.

Additionally, the Life Assured may also choose to add Rs 50 Lacs under Personal Accident Shield.

Terms & Conditions :

1) Personal Accident Shield

The Life Assured has the flexibility to make multiple claims till 100% Sum Assured under "Permanent Total & Partial Disability" is paid out under this Plan Option, post which the policy terminates.

Once 100% of Sum Assured (as opted under **Option A: Personal Accident Shield**) is paid out, this coverage shall terminate and the policy shall continue with the remaining plan options. In the event where spouse is also covered under this plan, the plan will continue for the spouse for the remaining policy term even if the Sum Assured has been paid out for the Life Assured under this plan option.

An Accident is defined as a sudden, unforeseen and involuntary event caused by external, visible and violent means.

Accidental Death Benefit shall be payable only, if the:

- Policy is in force at the time of occurrence of the Accident
- Life Assured has sustained any bodily injury directly and solely from the accident, which has been caused by external, violent and visible means and the injury is independent of all other causes
- Death has occurred within 120 days of the date of accident due to such injury as stated above solely, directly and independently of all other causes of death
- Accident which results to Life Assured's unfortunate demise has occurred during the plan term, even if the death occurs after plan term, but within 120 days of accident.

Accidental Total/Partial Permanent Disability Benefit* shall be payable only, if the:

- Policy is in-force at the time of occurrence of the Accident
- Disability must have persisted for at least 120 days and must, in the opinion of a registered independent medical practitioner[#], be deemed permanent
- Period of 120 days shall not apply for physical severance where the benefit would be payable immediately subject to acceptance of claim
- Life Assured is willing to be examined by a Medical Practitioner nominated by the Company

[#]A Medical Practitioner is a person who holds a valid registration from the medical council of any state of India or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license. The Medical Practitioner shall not include: a) A close relative of the policyholder; or b) A person who resides with the policyholder; or c) A person covered under this Policy

*Accidental Total/Partial and Permanent Disability" shall mean the occurrence of any of the following conditions as a result of accidental bodily injury within 120 days of such accident:

- Total and irrecoverable loss of sight of both eyes
- Physical severance at or above wrists or permanent loss of use of both the hands
- Physical severance at or above ankles or permanent loss of use of both feet
- Physical severance at or above wrist or permanent loss of use of one hand and physical severance at or above ankles or loss of use of one foot
- Physical severance at or above wrist or permanent loss of use of one hand total and irrecoverable loss of sight of one eye
- Physical severance at or above ankle or permanent loss of use of one foot and total and irrecoverable loss of sight of one eye

- Total and irrecoverable loss of speech and loss of hearing in both ears
- Physical severance at or above ankle or permanent loss of use of one foot
- Physical severance at or above wrist or permanent loss of use of one hand
- Total and irrecoverable loss of sight of one eye
- Total and irrecoverable loss of speech
- Total and irrecoverable loss of hearing in both the ears

For accidental total/partial and permanent disability benefit to be payable, such disability must have persisted for at least 120 days and must, in the opinion of a registered independent medical practitioner, be deemed permanent. Except for physical severance where the benefit would be payable immediately subject to acceptance of claim.

Exclusions:

The Company is not liable to pay any claim under Personal Accident Shield, if the Death or Disability arises directly or indirectly due to the following conditions:

- Life Assured taking part in any hazardous sport or pastimes (including hunting, mountaineering, motor racing, steeple chasing, bungee jumping, paragliding, deep sea diving etc.)
- Life Assured flying in any kind of aircraft, other than as a bonafide passenger (whether fare-paying or not) on an aircraft of a licensed airline
- Self-inflicted injury, suicide or attempted suicide-whether sane or insane
- An act of any person acting on their own or on behalf of or in connection with any group or organization to influence by force any group, corporation or government by terrorism, kidnapping or attempted kidnapping, attack, assault, or any other violent means
- Under the influence or abuse of drugs, alcohol, narcotics or psychotropic substance not prescribed by a registered medical practitioner
- Participation in any armed force or peace keeping activities
- War or hostilities (whether war be declared or not), civil war, rebellion, revolution, civil unrest or riot wherein the Life Assured is an active participant in such activities
- Deliberate participation of the Life Assured in an illegal or criminal act with criminal intent
- Nuclear fusion, nuclear fission, nuclear waste or any radioactive or ionising radiation
- Any ailment leading to death or disability caused by a virus, bacteria, parasites endemic in a particular area are not covered under the accidental death or permanent disability

2) Cardiac Shield

The maximum pay-out under this plan option shall not exceed the Sum Assured as opted **under Plan Option B: Cardiac Shield**. The Life Assured has the flexibility to make multiple claims till 100% Sum Assured is paid out under this Plan Option, post which the policy terminates.

In case the Life Assured has opted for multiple plan options, post payment of 100% of the Sum Assured as opted **under Plan Option B: Cardiac Shield**, the coverage shall terminate and the policy shall continue for the remaining plan options.

In the event where spouse is also covered under this plan, the plan will continue for the spouse for the remaining policy term even if the Sum Assured has been paid out for the Life Assured under this plan option.

Cooling Off Period of 180 days shall be applicable from the date of diagnosis of the last minor claim, between two claims related to Minor Conditions. During this period no benefit with respect to this plan option shall be payable. This is not applicable in case of a major claim post minor claim under this plan option.

- **Definitions of Minor Conditions:**

1. **Implantation of Pacemaker of Heart (Insertion of Pacemaker)**

Actual undergoing of Insertion of a permanent cardiac pacemaker to correct serious cardiac arrhythmia which cannot be treated via other means. The insertion of the cardiac pacemaker must be certified to be medically necessary by a specialist in the relevant field.

Cardiac arrest secondary to alcohol or drug misuse will be excluded.

2. **Angioplasty**

Coronary Angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50 % of one or more major coronary arteries. The intervention must be determined to be medically necessary by a cardiologist and supported by a coronary angiogram (CAG).

Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery. Diagnostic angiography or investigation procedures without angioplasty/stent insertion are excluded.

3. **Minimally Invasive Surgery of Aorta**

The actual undergoing of minimally invasive surgical repair (i.e. via percutaneous intra-arterial route) of a diseased portion of an aorta to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta with a graft. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches

Procedures done for treatment of Congenital Heart Disease are excluded.

4. **Pericardectomy**

The undergoing of a pericardectomy performed by open heart surgery or keyhole techniques as a result of pericardial disease. The surgical procedures must be certified to be medically necessary by a consultant cardiologist. Other procedures on the pericardium including pericardial biopsies, and pericardial drainage procedures by needle aspiration are excluded.

The actual undergoing of pericardectomy secondary to chronic constrictive pericarditis. The following are specifically excluded:

- Chronic constrictive pericarditis related to alcohol or drug abuse
- Acute pericarditis due to any reason

5. Balloon Valvotomy or Valvuloplasty

The actual undergoing of Valvotomy or Valvuloplasty necessitated by damage of the heart valve as confirmed by a specialist in the relevant field where the procedure is performed totally via intravascular catheter based techniques.

The diagnosis of heart valve abnormality must be supported by cardiac catheterization or Echocardiogram and the procedure must be considered medically necessary by a consultant cardiologist.

The following are excluded:

- Procedures done for treatment of Congenital Heart Disease

6. Surgery to place Ventricular Assist Devices or Total Artificial Hearts

This is an open chest procedure for implantation of Left Ventricular Assist Device/Ventricular Assist Device as bridges to cardiac transplantation or destination therapy for long term use for the Refractory Heart Failure with reduced ejection fraction as defined below: NYHA Class IV symptoms who failed to respond to optimal medical management for ≥ 45 of the past 60 days, or have been intra-aortic balloon pump dependent for 7 days, or IV inotrope dependent for 14 days.

The following are excluded:

- Ventricular dysfunction or Heart failure directly related to alcohol or drug abuse

7. Carotid Artery Surgery

The actual undergoing of surgery to the Carotid Artery to treat carotid artery stenosis of fifty percent (50%) and above, as proven by angiographic evidence, of one (1) or more carotid arteries. Both criteria (a) and (b) below must be met:

(a) Either:

- i. Actual undergoing of endarterectomy to alleviate the symptoms; or
- ii. Actual undergoing of an endovascular intervention such as angioplasty and/or stenting or atherectomy to alleviate the symptoms; and

(b) The Diagnosis and medical necessity of the treatment must be confirmed by a Registered Medical Practitioner who is a specialist in the relevant field.

8. Surgery for Cardiac Arrhythmia

Ablative Procedure is defined as catheter ablation procedures using radiofrequency or cryothermal energy for treatment of a recurrent or persistent symptomatic arrhythmia refractory to antiarrhythmic drug therapy. Ablation procedures should immediately follow the diagnostic electrophysiology study. The ablative procedure must be certified to be absolutely necessary by a consultant cardiologist (electrophysiologist).

Preprocedural evaluation prior to ablation procedures and ablation procedures as below should be completely documented:

- Strips from ambulatory Holter monitoring in documenting the arrhythmia
- Electrocardiographic and electrophysiologic recording, cardiac mapping and localization of the arrhythmia during the ablative procedure

9. Implantable Cardioverter Defibrillator

Actual undergoing of insertion of an implantable cardiac defibrillator to correct serious cardiac arrhythmia which cannot be treated via other methods or the insertion of permanent cardiac defibrillator to correct sudden loss of heart function with cessation of blood circulation around the body resulting in unconsciousness.

Insertion of Cardiac Defibrillator means surgical implantation of either Implantable Cardioverter-Defibrillator (ICD), or Cardiac Resynchronization Therapy with Defibrillator (CRT-D)

The insertion of a permanent Cardioverter-Defibrillator (ICD) must be certified to be absolutely necessary by a specialist in the relevant field. Cardiac arrest secondary to alcohol or drug misuse will be excluded.

10. Infective Endocarditis

Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met:

- Positive result of the blood culture proving presence of the infectious organism(s)
- Presence of at least moderate heart valve incompetence (meaning regurgitate fraction of twenty percent (20%) or above) or moderate heart valve stenosis (resulting in heart valve area of thirty percent (30%) or less of normal value) attributable to Infective Endocarditis; and
- The Diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a consultant cardiologist.

• Definitions of Major Conditions:

1. Myocardial Infarction (First Heart Attack – of Specific Severity)

The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

- A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
- New characteristic electrocardiogram changes
- Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

- Other acute Coronary Syndromes
- Any type of angina pectoris
- A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure

2. Open Chest Coronary Artery Bypass Graft

The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

The following are excluded

- Angioplasty and/or any other intra-arterial procedures

3. Open Heart Replacement or Repair of Heart Valves

The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

4. Major Surgery of Aorta

The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen with a graft. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

The following are excluded:

- Surgery performed using only minimally invasive or intra-arterial techniques are excluded
- Angioplasty and/or any other intra-arterial procedures, catheter based techniques, "keyhole" or laser procedures are excluded
- Procedures done for treatment of Congenital Heart Disease are excluded

5. Heart Transplant

The actual undergoing of a transplant of heart that resulted from irreversible end-stage failure of the heart. The undergoing of a heart transplant has to be confirmed by a specialist medical practitioner (cardiologist). Stem cell Transplants are excluded.

6. Primary (Idiopathic) Pulmonary Hypertension

An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Catheterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

The NYHA Classification of Cardiac Impairment are as follows:

- Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
- Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

7. Cardiomyopathy

An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a Registered Medical Practitioner who is a cardiologist, and which results in permanent physical impairment to the degree of New York Heart Association classification Class III or Class IV, or its equivalent, based on the following classification criteria:

- Class III - Marked functional limitation. Affected patients are comfortable at rest but performing activities involving less than ordinary exertion will lead to symptoms of congestive cardiac failure.

- Class IV - Inability to carry out any activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced. The Diagnosis of Cardiomyopathy has to be supported by echographic findings of compromised ventricular performance. Irrespective of the above, Cardiomyopathy directly related to alcohol or drug abuse is excluded.

Exclusions applicable for Cardiac Cover are mentioned under point 6.

3) Cancer Shield

The maximum pay-out under this plan option shall not exceed the 100% of Sum Assured (as opted under Plan Option C: Cancer Shield). The Life Assured has the flexibility to make multiple claims till 100% Sum Assured is paid out under this Plan Option, post which the policy terminates. For early stage condition of Cancer, multiple claims from the same organ shall not be admissible. However, multiple claims can be made if the claims are from different organs as grouped below:

- Basal cell and squamous skin cancer
- Corpus uteri, vagina, fallopian tubes, cervix uteri, ovary
- Colon and rectum
- Penis, testis
- Stomach and esophagus

In case the Life Assured has opted for multiple plan options, where 100% of the Sum Assured (as opted under Plan Option C: Cancer Shield), has been paid out, the coverage for other plan options shall continue for the remaining policy term.

In the event where spouse is also covered under this plan, the plan will continue for the spouse for the remaining policy term even if the Sum Assured has been paid out for the Life Assured under this plan option.

Cooling Off Period of 180 days shall be applicable from the date of diagnosis of the last minor claim, between two claims related to Minor Conditions. During this period no benefit with respect to this plan option shall be payable. This is not applicable in case of a major claim post minor claim under this plan option.

• Definition of Early Stage Cancer:

Early Stage Cancer shall mean first ever diagnosis with the presence of one of the following malignant conditions:

- ✓ Any malignant tumor of the thyroid, positively diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells and invasion of tissue, which is histologically classified as T1N0M0 according to the TNM classification system, or another equivalent classification
- ✓ Prostate tumor should be histologically described as TNM Classification T1a or T1b or T1c are of another equivalent classification.
- ✓ Chronic lymphocytic leukaemia classified as Rai Stage I or II;
- ✓ Basal cell and Squamous skin cancer that has spread to distant organs beyond the skin,
- ✓ Hodgkin's lymphoma Stage I by the Cotswold's classification staging system.
- ✓ All tumors of the urinary bladder histologically classified as T1N0M0 (TNM Classification)

The Diagnosis must be based on histopathological features and confirmed by a Pathologist. Pre-malignant lesions and conditions, unless listed above, are excluded.

- **Definition of Carcinoma-in-Situ of any organ (except skin):**

- ✓ Carcinoma in situ (CIS) means the focal autonomous new growth of carcinomatous cells confined to the cells in which it originated and has not yet resulted in the invasion and/or destruction of surrounding tissues. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane.
- ✓ The diagnosis of the Carcinoma in situ must always be supported by a histopathological report.
- ✓ Furthermore, the diagnosis of Carcinoma in situ must always be positively diagnosed upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result. Clinical diagnosis does not meet this standard.
- ✓ In the case of the cervix uteri, Pap smear alone is not acceptable and should be accompanied with cone biopsy or colposcopy with the cervical biopsy report clearly indicating presence of CIS.
- ✓ Clinical diagnosis or Cervical Intraepithelial Neoplasia (CIN) classification which reports CIN I, and CIN II (where there is severe dysplasia without carcinoma in situ) does not meet the required definition and are specifically excluded.
- ✓ All CIS of the skin are specifically excluded.
- ✓ This coverage is available on the first occurrence of CIS at the same organ. Multiple claims from the same organ will not be admissible.

- **Definition of Major Stage Cancer (Cancer of Specified Severity):**

A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded –

- ✓ All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 and CIN-3.
- ✓ Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- ✓ Malignant melanoma that has not caused invasion beyond the epidermis;
- ✓ All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- ✓ All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- ✓ Chronic lymphocytic leukaemia less than Rai stage 3
- ✓ Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- ✓ All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
- ✓ All tumors in the presence of HIV infection.

Exclusions applicable for Cancer Shield are mentioned under point 6.

4) Neuro Shield

The maximum pay-out under this plan option shall not exceed the 100% of the Sum Assured. The Life Assured has the flexibility to make multiple claims till 100% Sum Assured is paid out under this Plan Option, post which the policy terminates.

In case the Life Assured has opted for multiple plan options, where 100% of the Sum Assured (as opted under **Option D: Neuro Shield**), has been paid out, the coverage for other plan options shall continue for the remaining policy term.

In the event where spouse is also covered under this plan, the plan will continue for the spouse for the remaining policy term even if the Sum Assured has been paid out for the Life Assured under this plan option.

Cooling Off Period of 180 days shall be applicable from the date of diagnosis of the last minor claim, between two claims related to Minor Conditions. During this period no benefit with respect to this plan option shall be payable. This is not applicable in case of a major claim post minor claim under this plan option.

- **Definition of Minor Conditions:**

- 1. **Coma – (48 hours)**

- A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

- No response to external stimuli continuously for at least 48 hours;
 - Life support measures are necessary to sustain life; and
 - Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

- The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

- 2. **Permanent Paralysis of one limb**

- Total and irreversible loss of use of one limb as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months

- **Definition of Major Conditions:**

- 1. **Motor Neuron Disease with Permanent Symptoms**

- Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

- 2. **Multiple Sclerosis with Persisting Symptoms**

- The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:

- investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
 - there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months

- Other causes of neurological damage such as SLE and HIV are excluded.

3. Benign Brain Tumour

Benign brain tumour is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.

This brain tumour must result in at least one of the following and must be confirmed by the relevant medical specialist.

- Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
- Undergone surgical resection or radiation therapy to treat the brain tumour

The following conditions are excluded:

- Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumours, tumours of skull bones and tumours of the spinal cord

4. Brain Surgery

The actual undergoing of surgery to the brain, under general anaesthesia, during which a Craniotomy is performed. Burr hole and brain surgery as a result of an accident is excluded. The procedure must be considered necessary by a qualified specialist and the benefit shall only be payable once corrective surgery has been carried out.

5. Coma of specified severity

A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

- No response to external stimuli continuously for at least 96 hours;
- Life support measures are necessary to sustain life; and
- Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma

The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

6. Permanent Paralysis of Limbs

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

7. Encephalitis

Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection. A definite diagnosis must be certified by a consultant neurologist and causing permanent inability to perform (whether aided or unaided) at least 3 of the following 6 "Activities of Daily Living" for a continuous period of at least 6 months.

• Activities of Daily Living include:

- ✓ Washing- the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- ✓ Dressing- the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- ✓ Transferring- the ability to move from a bed to an upright chair or wheelchair and vice versa;
- ✓ Mobility- the ability to move indoors from room to room on level surfaces;
- ✓ Toileting- the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- ✓ Feeding- the ability to feed oneself once food has been prepared and made available.

8. Bacterial Meningitis

Bacterial or viral infection resulting in severe inflammation of the membranes of the brain, brain substance (cerebral hemisphere, brainstem or cerebellum) or spinal cord, resulting in permanent inability to perform (whether aided or unaided) at least 3 of the following 6 "Activities of Daily Living" for a continuous period of at least 6 months.

• Activities of Daily Living :

- ✓ Washing- the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- ✓ Dressing- the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- ✓ Transferring- the ability to move from a bed to an upright chair or wheelchair and vice versa;
- ✓ Mobility- the ability to move indoors from room to room on level surfaces;
- ✓ Toileting- the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- ✓ Feeding- the ability to feed oneself once food has been prepared and made available.

9. Stroke resulting in permanent symptoms

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded:

- Transient ischemic attacks (TIA)
- Traumatic injury of the brain
- Vascular disease affecting only the eye or optic nerve or vestibular functions.

10. Major Head Trauma

Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.

The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology.

• Activities of Daily Living are :

- ✓ Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- ✓ Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- ✓ Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- ✓ Mobility: the ability to move indoors from room to room on level surfaces;
- ✓ Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- ✓ Feeding: the ability to feed oneself once food has been prepared and made available.

The following is excluded:

- Spinal cord injury;

Exclusions applicable for Neuro Shield are mentioned under point 6.

5) Livo Shield

The maximum pay-out under this plan option shall not exceed the 100% of the Sum Assured. The Life Assured has the flexibility to make multiple claims till 100% Sum Assured is paid out under this Plan Option, post which the policy terminates.

In case the Life Assured has opted for multiple plan options, where 100% of the Sum Assured (as opted under **Plan Option E: Livo Shield**), has been paid out, the coverage for other plan options shall continue for the remaining policy term.

In the event where spouse is also covered under this plan, the plan will continue for the spouse for the remaining policy term even if the Sum Assured has been paid out for the Life Assured under this plan option.

Cooling Off Period of 180 days shall be applicable from the date of diagnosis of the last minor claim, between two claims related to Minor Conditions. During this period no benefit with respect to this plan option shall be payable. This is not applicable in case of a major claim post minor claim under this plan option.

• Definition of Minor Conditions:

1. Hepatitis B or C with Cirrhosis:

Hepatitis B or C with cirrhosis requires following criteria must be confirmed by a relevant specialist

- Confirmed diagnosis of Hepatitis B viral hepatitis (HbsAg positive, raised HBV DNA) or Hepatitis C viral hepatitis (Anti-HCV positive, RIBA positive, raised HCV RNA)
- Diagnosis of liver cirrhosis based on abnormal liver biochemistry and findings of the liver biopsy or Fibroscan/USG liver

Liver disease secondary to alcohol and drug abuse is excluded.

2. Partial Hepatectomy

Partial hepatectomy of at least one (1) entire lobe of the liver that has been found necessary as a result of illness or accident as suffered by the Assured. Liver donation and Liver disease secondary to alcohol and drug abuse is excluded.

3. Wilson's disease with Cirrhosis

Wilson's disease is an inherited disorder that causes copper to accumulate in your liver, brain and other vital organs. Following criteria must be confirmed by a relevant specialist.

- Unequivocal diagnosis of Wilson's Disease using relevant blood tests, eye examination and other imaging techniques
- Treatment of Wilson's disease with a chelating agent documented for at least six(6) months
- Diagnosis of liver cirrhosis based on abnormal liver biochemistry and findings of the liver biopsy or Fibroscan/USG liver

Liver disease secondary to alcohol and drug abuse is excluded.

4. Primary sclerosing cholangitis (PSC) with Cirrhosis

PSC is a chronic, progressive inflammatory disease of the bile ducts. Following criteria must be confirmed by a relevant specialist

- Unequivocal diagnosis of PSC using Endoscopic Retrograde Cholangiopancreatography (ERCP) or Magnetic Resonance Cholepancreatography (MRCP)
- Diagnosis of liver cirrhosis based on abnormal liver biochemistry and findings of the liver biopsy or Fibroscan/USG liver

Liver disease secondary to alcohol and drug abuse is excluded.

5. Primary biliary cholangitis (PBC) with Cirrhosis

PBC is a chronic, progressive inflammatory disease of the bile ducts. Following criteria must be confirmed by a relevant specialist

- Unequivocal diagnosis of PBC using liver function tests, PBC specific serological markers and PBC histology if indicated
- Diagnosis of liver cirrhosis based on abnormal liver biochemistry and findings of the liver biopsy or Fibroscan/USG liver

Liver disease secondary to alcohol and drug abuse is excluded.

• Definition of Major Conditions:

1. Fulminant Viral Hepatitis

A submassive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. The diagnosis must be supported by all of the following:

- Rapid decreasing of liver size as confirmed by abdominal ultrasound;
- Necrosis involving entire lobules, leaving only a collapsed reticular framework (histological evidence is required);
- Rapid deterioration of liver function tests;
- Deepening jaundice; and
- Hepatic encephalopathy.

Hepatitis B infection or carrier status alone does not meet the diagnostic criteria.

2. Liver Transplant

The actual undergoing of a transplant of human kidney that resulted from irreversible end stage liver failure. The undergoing of a liver transplant has to be confirmed by a specialist medical practitioner. Liver disease arising out of or secondary to alcohol or drug abuse is excluded.

3. End Stage Liver Failure

End Stage Liver Disease means chronic end stage liver failure evidenced by all of the following:

- Uncontrollable Ascites ;
- Permanent Jaundice;
- Oesophageal or Gastric Varices and Portal Hypertension;
- Hepatic Encephalopathy.

Liver disease arising out of or secondary to alcohol or drug abuse is excluded.
Exclusions applicable for Livo Shield are mentioned under point 6.

6) Exclusions applicable for Cancer, Cardiac, Neuro and Livo Shield

The Company shall not be liable to pay any benefit under this policy if a claim or event suffered by the Life Assured is directly or indirectly caused or exacerbated as a result of any of the following:

- ✓ War or hostilities (whether war be declared or not), civil war, rebellion, revolution, civil unrest or riot wherein the policyholder is an active participant in such activities
- ✓ Participation in any armed force or peace keeping activities.
- ✓ An act of any person acting on their own or on behalf of or in connection with any group or organization to influence by force any group, corporation or government by terrorism, kidnapping or attempted kidnapping, attack, assault, or any other violent means.

- ✓ An intentional or self-inflicted act including attempted suicide.
- ✓ Drug-taking other than under the direction of a qualified medical practitioner, abuse of alcohol or the taking of poison.
- ✓ Nuclear fusion, nuclear fission, nuclear waste or any radioactive or ionising radiation.
- ✓ Deliberate participation of the Life Assured in an illegal or criminal act with criminal intent.

7) Daily Hospitalization Cash Benefit

This benefit shall be payable for the entire duration of hospitalization, only if:

- Life Assured has opted this benefit on inception and the Benefit is in force on the day of hospitalization
- The Hospitalization is due to any one of the illness or condition covered under Plan Option (A – E)
- This benefit shall be payable if the Life Assured has been hospitalized for a period of more than 24 hrs
- The subsequent hospitalization is due to complications or follow-ups of the already claimed conditions
- The yearly allowance of number of days of hospitalisation cannot be carried forward to next year
- The allowance of number of days of hospitalisation for each cover cannot be clubbed and availed with any other cover

In the event where the claim under Plan Option (A-E), as opted is not payable, then this benefit shall also not be payable. This benefit shall be applicable for both Life Assured & Spouse in case of Spouse Cover. However, the benefit shall be payable on individual basis. This benefit can only be opted on inception and not on policy anniversary. The maximum DHCB benefit that can be opted with any plan option is ₹ 5000 per day per life.

• Definitions for Daily Hospital Cash Benefit

Hospital : A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act Or complies with all minimum criteria as under:

- ✓ has qualified nursing staff under its employment round the clock;
- ✓ has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- ✓ has qualified medical practitioner(s) in charge round the clock;
- ✓ has a fully equipped operation theatre of its own where surgical procedures are carried out;
- ✓ maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;

Hospitalization: Hospitalization means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

Medically Necessary: Medically necessary treatment means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:

- ✓ is required for the medical management of the illness or injury suffered by the Assured;
- ✓ must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- ✓ must have been prescribed by a medical practitioner;
- ✓ must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

Surgery or Surgical Procedure: Surgery or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care center by a medical practitioner.

8) Waiver of Premium Benefit

This benefit shall be applicable, only if the minor condition has been diagnosed during the policy term per Life Assured. There is no limit on how many times the same can be claimed. Under this benefit, once the Minor Condition under any Plan Option has been diagnosed and the same has been accepted by the Company, all future premiums shall be waived off from the next premium due date for a period of 3 years or remaining policy term, whichever is earlier. This benefit shall be payable only if, Life Assured has

- opted this benefit at inception
- opted benefit is in force on the day of occurrence of any of the contingent events and
- opted benefit under Base Plan Option is payable

In the event where the claim is not valid or not payable under the base Plan Option (A-E), then this benefit shall also not be payable. This benefit shall be applicable on individual basis, for Life Assured & Spouse in case of Spouse Cover. This benefit can only be opted on inception and not on policy anniversary.

9) Income Benefit

This benefit shall be allowed only if the major condition has been diagnosed during the policy term per Life Assured. This benefit shall be payable only if, Life Assured has opted this benefit on inception and the Benefit is in force on the day of occurrence of any of the contingent events.

In the event where the claim is not valid or not payable under the Base Plan Option (A-E), then this benefit shall also not be payable. This benefit shall be applicable for both Life Assured & Spouse in case of Spouse Cover. The benefit pay-out shall start once the Major Condition has been diagnosed and the same has been accepted by the Company and shall be payable for 12 months even if the pay-out period exceed the policy term.

In the event of unfortunate demise of the Life Assured during this benefit pay-out period, the benefit shall continue to be payable to the Nominee for the remaining months.

However, the option needs to be selected on individual basis. This benefit can only be opted on inception and not on policy anniversary.

10) Value Added Services

This is an inbuilt benefit and shall be applicable for to all members under this plan irrespective of whether the base benefit is payable or not under the plan. The benefit shall only be applicable when a member is travelling 150 kilometres or more from their communication address registered with us, within India. The following conditions are excluded under the above mentioned benefits:

- ✓ Travel undertaken specifically for securing medical treatment
- ✓ Injuries resulting from participation in acts of war or insurrection
- ✓ Commission of an unlawful act(s)
- ✓ Attempt at suicide
- ✓ Incidents involving the use of drugs unless prescribed by a physician
- ✓ Transfer of Life Assured from one medical facility to another medical facility of similar capabilities which provides a similar level of care
- ✓ Trips exceeding 90 days from legal residence.

Additionally, our partner shall not evacuate or repatriate a Life Assured:

- ✓ Without medical authorization
- ✓ With mild lesions, simple injuries such as sprains, simple fractures, or mild sickness which can be treated by local doctors and do not prevent the Life Assured from continuing his/her trip or returning home

- ✓ If the Life Assured is pregnant and beyond the end of the 28th week and with respect to the child born from the pregnancy, our partner shall not evacuate or repatriate a child who was born while the Life Assured was traveling beyond the 28th week
- ✓ With mental or nervous disorders unless hospitalized

Our partner will also arrange for **Second Medical Opinions** for Life Assured upon request the following instances:

- when the Life Assured's medical condition is undiagnosed by a treating physician
- when a Life Assured seeks an additional medical opinion following an original diagnosis
- when the determination of the most appropriate course of medical treatment is required based on an current diagnosis

11) Cooling off Period

In the event where a claim has already been paid under a Minor Condition, a Cooling Off Period of 180 days shall be applicable between two claims related to Minor Conditions under the same plan option. During this period no benefit shall be payable related to minor conditions.

Cooling Off Period shall not be applicable for a claim between a minor and major condition or between two minor conditions (under different plan options).

12) Survival Period

In order to be eligible for a valid claim, the Life Assured must survive for a period of 15 days post being diagnosed with any of the minor / major / early stage under Cancer, Cardiac, Neuro or Livo Shield. This is applicable to both minor and major claims.

Survival Period refers to the period from the diagnosis of listed conditions, unless a separate survival period[^] is specified for any particular disease/condition in the definitions mentioned above. The diagnosis of the condition covered must be made pre-mortem (i.e. while the life Assured is still alive). This is applicable to both minor and major claims.

[^]This refers to separate survival period mentioned of certain conditions the in definitions provided
For example:

- definition of Stroke resulting in permanent symptoms
- Survival Period is not applicable for **Plan Option A: Personal Accident Shield** except for disability (other than physical severance) where it should have persisted for at least 120 days with other conditions as per definitions.

13) Waiting Period

The benefit shall not apply or be payable in respect of any listed conditions which first manifested itself or was contracted or medical evidence confirming that the diagnosis of the listed conditions first occurred is found during the first 6 months from the Policy issue date or from the policy reinstatement date where the policy has lapsed for more than two months.

In the event of occurrence of any of the scenarios mentioned above, where it is established that the Life Assured was diagnosed to have any one of the conditions listed under the Plan Options, during the waiting period for which a claim could have been made, the Company will refund the premiums from risk commencement date of the policy or from the date of revival as applicable and the policy will terminate with immediate effect.

In the event where multiple plan options has been selected under this policy, the Company will refund the premiums from risk commencement date of the policy or from the date of revival as applicable for the particular Plan Option and the coverage will terminate with immediate effect. However, the policy shall continue with the other Plan Options.

No waiting period applies if any of the listed conditions occur due to accident.

14) Pre-Existing Conditions

Pre-Existing Conditions are not covered under this plan subject to provisions under section 45 of Insurance Act 1938, where Pre-Existing Condition is defined as:

Pre Existing Condition is any condition, ailment or injury or disease(s):

- That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.
- For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to effective date of the policy issued by the insurer or its reinstatement

15) Death Benefit

There is no death benefit under this plan except accidental death benefit which is mentioned under **Plan Option A: Personal Accident Shield**

16) Maturity Benefit

There is no maturity benefit under this plan.

17) Riders

Riders are not applicable under this plan.

18) Grace Period

There is a grace period of 30 days from the due date for payment of premium for the yearly mode. For the monthly mode there is a grace period of 15 days. During this period the policy will be considered to be in-force with risk cover as per the terms of the policy.

19) Lapse

For a Regular Premium Paying policy, the policy shall lapse if the due premium is not received till the end of the Grace Period. For a Single Premium Paying policy, the policy shall not lapse and shall continue till the end of policy term. If any condition is diagnosed during the lapse period then the benefit for the same shall not be payable. If the policy lapses and not revived subsequently within the Revival Period as per the revival terms and conditions, all the premiums paid under the policy shall be forfeited and the policy shall terminate and no benefits shall be payable on such a policy.

In case of a Spouse Cover, if we do not receive the premium for a Life Assured/ Spouse, then the coverage for the Life Assured/Spouse shall lapse, however the coverage for the Spouse/ Life Assured shall continue till the end of policy term.

20) Reduced Paid Up

Regular Premium paying policy shall not be eligible for Reduced Paid Up whereas Single Premium paying policy shall become fully Paid-Up after payment of premium.

21) Policy Revival

A lapsed policy can be reinstated for full benefits on revival within five consecutive years from the date of first unpaid premium. You can revive the policy without evidence of good health on payment of the outstanding premiums with interest charge (currently 9% p.a. of outstanding premiums), if the payment is made within six months from the date of first unpaid premium.

Thereafter to revive the policy, evidence of good health would be required along with payment of the outstanding premiums along with interest charge (currently 9% p.a. of outstanding premiums). All benefits under the policy shall be reinstated on the revival of the policy. Revival of the policy shall be based on Underwriting Policy of the Company.

If a lapsed policy is not revived during the revival period, the policy shall be terminated without paying any benefits.

22) Surrender Benefit

Surrender Benefit shall not be applicable for Regular Premium paying policies.

In case of Single Premium policies, the Surrender Value shall be calculated as mentioned below:

$75\% \times [\text{Total Premiums Paid to date}] \times [(\text{Policy Term} - 1) / \text{Policy Term}] \times [\text{Balance Policy Term to run} / \text{Policy Term}]$

The surrender option is allowed only when no claim has been made under the policy.

23) Nomination

Nomination shall be allowed under the plan as per the provisions of Section 39 of the Insurance Act, 1938 as amended from time to time.

24) Assignment

Assignment under the plan shall be as per the provisions of Section 38 of the Insurance Act, 1938 as amended from time to time.

25) Free Look Period

The policyholder is offered 15 days free look period for a policy sold through all channels (except in case of electronic policies and policies obtained through Distance Marketing* Channel which shall have 30 Days) from the date of receipt of the policy wherein the policyholder may choose to return the policy, stating the reasons thereof within 15 days / 30 days of receipt if s/he is not agreeable with any of the terms and conditions of the plan.

Should s/he choose to return the policy, s/he shall be entitled to a refund of the premium paid after adjustment for the medical expenses incurred for the Proposer (if any), expenses of stamp duty and proportionate risk premium for the period of cover. A policy once returned shall not be revived, reinstated or restored at any point of time and a new proposal shall have to be made for a new policy.

If the Policy has been opted through Insurance Repository (IR), the consideration of the free look period shall be from the date of email sent by the IR.

*Distance Marketing includes every activity of solicitation (including lead generation) and sale of insurance products through the following modes: (i) Voice mode, which includes telephone calling (ii) Short Messaging service (SMS) (iii) Electronic mode which includes e-mail, internet and interactive television (DTH) (iv) Physical mode which includes direct postal mail and newspaper & magazine inserts and (v) Solicitation through any means of communication other than in person.

Extract of Section 41 of the Insurance Act, 1938 as amended from time to time states:

(1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer:

(2) Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakhs rupees

About us :

Kotak Mahindra Life Insurance Company Ltd is a 100% owned subsidiary of Kotak Mahindra Bank (Kotak) which provides world-class insurance products with high customer empathy. Its product suite leverages the combined prowess of protection and long term savings. Kotak Life Insurance is one of the growing insurance companies in India and has covered over several million lives.

For more information, please visit the company's website at www.kotaklife.com

KotakMahindraGroup

Kotak Mahindra Group is one of India's leading banking and financial services organizations offering a wide range of financial services that encompass every sphere of life. From commercial banking, to stock broking, mutual funds, insurance and investment banking, the Group caters to the diverse financial needs of individuals and the corporate sector.

For more information, please visit the company's website at www.kotak.com

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This is a non-participating, fixed benefit, health insurance plan. The product brochure gives only the salient features of the plan. Please refer the policy document for specific details on all terms and conditions.

KotakMahindraLifeInsuranceCompanyLtd; Regn. No.: 107, CIN: U66030MH2000PLC128503, Regd. Office: 2nd Floor, Plot # C- 12, G- Block, BKC, Bandra (E), Mumbai - 400 051. Website: www.kotaklife.com | WhatsApp: 9321003007 | Toll Free No. – 1800 209 8800

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